		OTA	FEE DETE	RMINATIO	o a collection of inf N RECORD			ation or Docket h	
8/15/0 APPLICATION AS FI					SMALL ENTITY		OR -	OTHER THAN SMALL ENTITY	
FOR ASIC FEE	NUMBE	ER FILED	NUMBE	ER EXTRA	RATE (\$)	FEE (S)		RATE (\$)	FEE (S)
7 CFR 1.16(a), (b), or (c)) EARCH FEE 7 CFR 1.16(k), (i), or (m))	<u> </u>	· · · · ·				775	1		770
(AMINATION FEE CFR 1.16(o), (p), or (q))							]		<del>  </del>
OTAL CLAIMS CFR 1.16(i))	18	minus 2	0 = .		x 25 =		OR	×50 =	
DEPENDENT CLAIMS CFR 1.16(h))	1	minus 2	and drawings e	exceed 100	x /00 =			×200 =	ļ ,·
PPLICATION SIZE EE 7 CFR 1.16(s))	is \$250 (\$ additional	125 for s 1 50 shee	ne-application-si small entity) for ets or fraction the (G)-and 37 CFF	each ereof. See		. ,		. <u>.</u>	
ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 4.160)).				180			360		
If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		]	TOTAL	7400
1	(Column 1) CLAIMS REMAINING AFTER		(Column 2)	(Column 3)	SMALL	ENTITY	OR.		RTHAN
			NUMBER	PRESENT	RATE (\$)	ADDI-		RATE (S)	ADDI-
J i otar -   '	MENDMENT	Minus	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (S)			
· · · · · · · · · · · · · · · · · · ·		Minus	PREVIOUSLY	EXTRA	x 25 =	TIONAL	c:		ADDI- TIONAL
mi jotali maependeni i37 CFR 1 1600		Kinus	PREVIOUSLY PAID FOR	EXTRA	x 25 = x 100 =	TIONAL	C#		ADDI- TIONAL
interpretation (17 CFR 1 1660)	MENDMENT	Kunus F/sH	PREVIOUSLY PAID FOR	EXTRA	× 25 = × 100 =	TIONAL	1		ADDI- TIONAL
GOOR GOOD GOOD GOOD GOOD GOOD GOOD GOOD	MENDMENT	Kunus F/sH	PREVIOUSLY PAID FOR	EXTRA	25=	TIONAL	C#		ADDI- TIONAL
FIRST PRESENTAL	MENDMENT  ON OF MULTIPLE  (Column 1)	Kunus F/sH	PREVIOUSLY PAID FOR   EUT CLAIM (SV CF	EXTRA	× 25 = × 100 = 180	TIONAL	C# 1	RATE (S) .50200360 TOTAL	ADDI- TIONAL
FIRST PRESENTAL	MENDMENT  ON OF MULTIPLE  Column 1)  CCUMMS 7  SEMANNING  AFTER	Kunus F/sH	PREVIOUSLY PAID FOR  (Column 2) HIGHEST HIGHEST PREVIOUSLY	EXTRA = =	× 25 = × 100 = 180	TIONAL	C# 1	RATE (S) .50200360 TOTAL	ADDI- TIONAL
FIRST PRESENTAL	MENDMENT  COlumn 1)  COLUMN PROMISE  REMAINING  AFTER  MENDMERS	Kunus F/sH	PREVIOUSLY PAID FOR	EXTRA  =  A: 10gg /  - (Cotumn:3):  PRESENT	x 25 = x 100 = 180 TOTAL ADDUFEE	TIONAL FEE (S)	C# 1	RATE (S)  .50 = 200 = 360  TOTAL ADDRESSES	ADDI- TIONAL
FIRST PRESENTAL	COlumn 1) CCUAIMS CHAINING AFTER MENOMENS	Kunus  Sfsh  E DEPENOI  William  Minus	PREVIOUSLY PAID FOR  (Column 2) HIGHEST HIGHEST PREVIOUSLY	EXTRA  =  A: 10gg /  - (Cotumn:3):  PRESENT	x 25 = x 100 = 180 TOTAL ADDUFEE	TIONAL FEE (S)	CR CR	RATE (S)  .50 = 200 = 360  TOTAL ADDRESSES	ADDI- TIONAL
FIRST PRESENTAL	MENDMENT  ON OF MULTIPLE  COlumn 1)  CUAIMS  PRIMAINING  AFTER  MUNDMENT  DE (37 CFR 1.16	Minus  Minus  Minus  Minus  Minus	PREVIOUSLY PAID FOR  (Column 2): HIGHEST NAMEER PREVIOUSLY PAID FOR	EXTRA  =  A: (Sep)  -(Column:3):  PESSINT E: TRA	X 25 = X 100 = 180 TOTAL ADDITES	TIONAL FEE (S)	CR CR	RATE (S)  .50 = 200 = 360  TOTAL ADDRESSES	ADDI- TIONAL

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentialty is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

\* If the entry in column 1 is less than the entry in column 2, write 10° in column 3, "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2